



Medical Forensic Documentation Forms

Patient Information:			
Patient Name:			
Address:			
City:	State:	Zip:	County:
Contact Number:			
DOB:		Age:	
Sex:		Race:	

Examination Information:	
Examiner:	Name of Guardian:
Exam Date:	Person Providing History:
Exam Begin Time:	Relationship to Patient:
Medical Facility:	Persons Present During Exam:
Medical Facility Contact Number:	

Avoid multiple interviews. Take time to establish rapport. Avoid leading or yes/no questions. Use direct quotes whenever possible. Avoid surprise or negative emotions, while still showing concern and support.

Patient History of Assault:	
Date of Assault:	
Time of Assault:	
Location/ Physical Surroundings of Assault:	
Name of Assailant(s) or General Description:	
1.	Relationship to Patient:
2.	Relationship to Patient:
3.	Relationship to Patient:
4.	Relationship to Patient:
5.	Relationship to Patient:



Medical Forensic Documentation Forms

Methods Used by Assailant(s):

- Weapon(s) Yes No Describe: _____
- Punched/Slapped/Kicked Yes No Describe: _____
- Grabbed/Held Down Yes No Describe: _____
- Physical Restraints Yes No Describe: _____
- Strangulation Yes No Describe: _____
- Burned Yes No Describe: _____
- Verbal Threats Yes No Describe: _____
- Use of Ligature Yes No Describe: _____
- Other: _____

Post-Assault Hygiene/Activity:

- | | | | | | | |
|--|------------------------------|-----------------------------|----------------|------------------------------|-----------------------------|------------------------------|
| Urinated: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Vomited: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Defecated: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Ate/Drank: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Genital Wipe/Wash: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Brushed Teeth: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Bathed: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Chewed Gum: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Showered: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Smoked: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Clothing change | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Douched: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Removed/Inserted a Tampon, Diaphragm, Sponge, Maxi pad (circle): | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

Drug Facilitated Sexual Assault (DFSA):

- Loss of Memory: Yes No
- Loss of Consciousness: Yes No
- Nausea/Vomiting: Yes No
- Drug/Alcohol Use by Patient: Yes No Describe: _____

If the patient answered yes to any of the above questions, consider collecting toxicology samples. A urine specimen should be collected as evidence if DFSA is suspected. DO NOT INCLUDE URINE SPECIMEN IN THE KIT. The urine should be sealed, labeled and packaged separately and turned over to law enforcement per patient consent. Complete the "Consent To Toxicology" form and provide with the urine specimen. This form is available at, www.isp.state.il.us under the Forensics tab.

Urine Sample Obtained for Lab Yes No



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Pertinent Medical History for Forensic Lab:

Last Menstrual Period: Date: _____

Sexual Contact within 3 Days (other than sexual assault): Yes No

Vaginal Contact: Yes No Date: _____

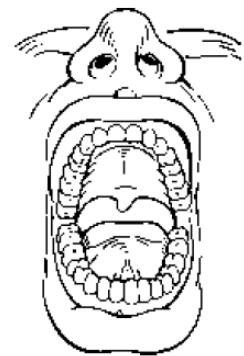
Anal Contact: Yes No Date: _____

Oral Contact: Yes No Date: _____

Condom Used: Yes No

General Exam:

Record all trauma on the diagrams below which may be used in a criminal proceeding. Trauma includes: lacerations, abrasions, redness, scratches, bruises, bites, patterned injury, fractures and stains/ foreign materials on body, swelling, and tenderness. Be sure to note even the most minor signs of trauma. Document size, shape and color description for all findings.

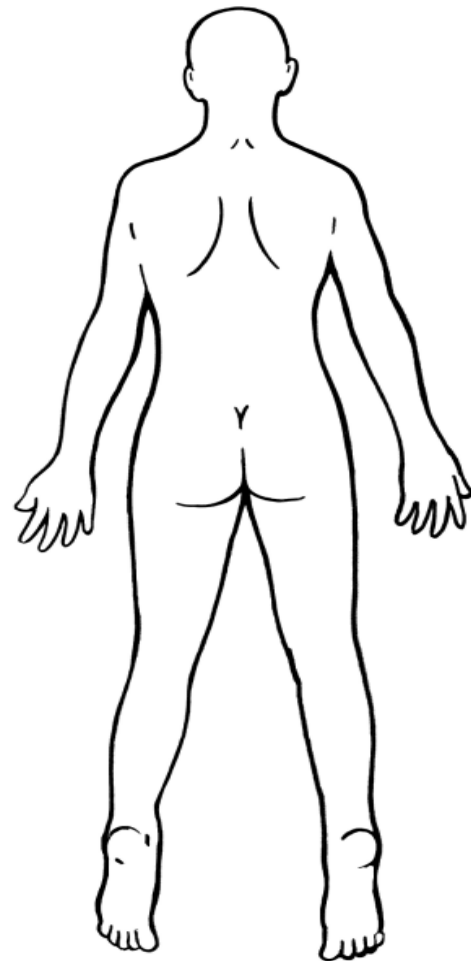
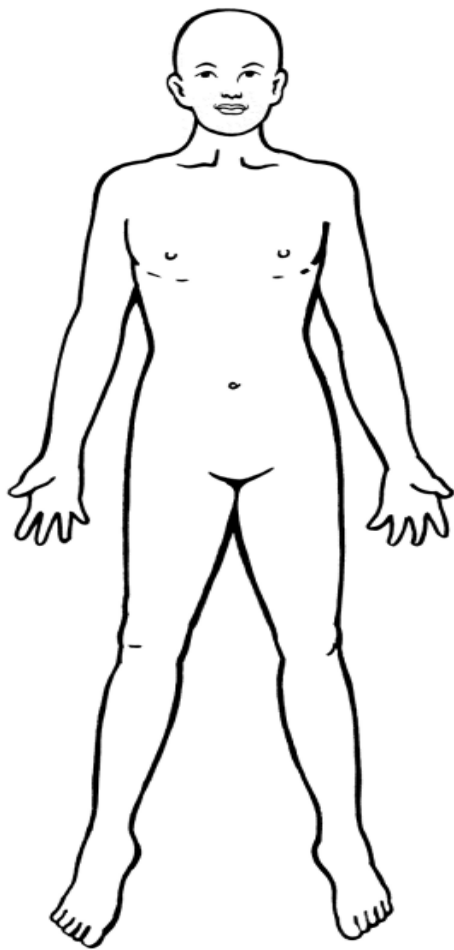




Medical Forensic Documentation Forms

General Exam cont.:

Record all trauma on the diagrams below which may be used in a criminal proceeding. Trauma includes: lacerations, abrasions, redness, scratches, bruises, bites, patterned injury, fractures and stains/ foreign materials on body, swelling, and tenderness. Be sure to note even the most minor signs of trauma. Document size, shape and color description for all findings.





Medical Forensic Documentation Forms

Genital Exam:

Record all trauma on the diagrams below which may be used in a criminal proceeding. Trauma includes: lacerations, abrasions, bruises, erythema, bites, patterned injury, burns, swelling, tenderness, redness, discharge stains, and foreign materials. Be sure to note even the most minor signs of trauma. Document size, shape and color description for all findings. Use hours of the clock to describe location.

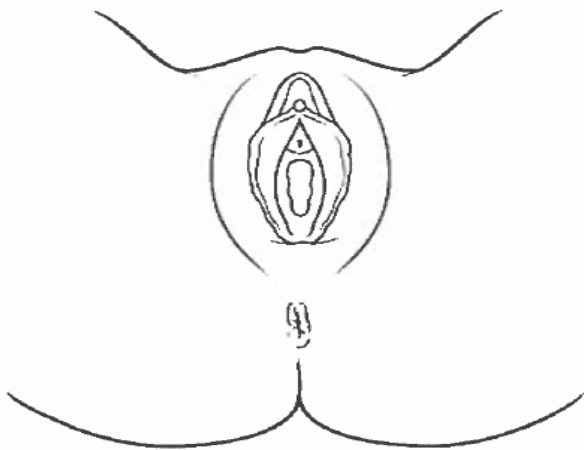
Position of Exam: Lithotomy Knee Chest Supine

Labial Maneuver: Yes No If yes, Outward Traction Lateral-Down Separation

Sexual Maturation Stage/Tanner Stage:

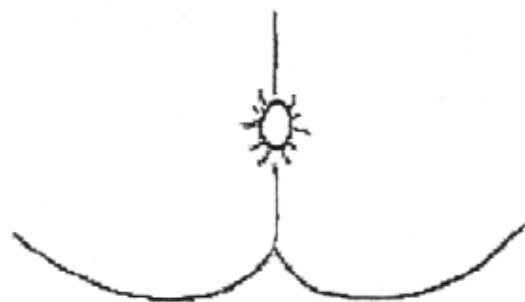
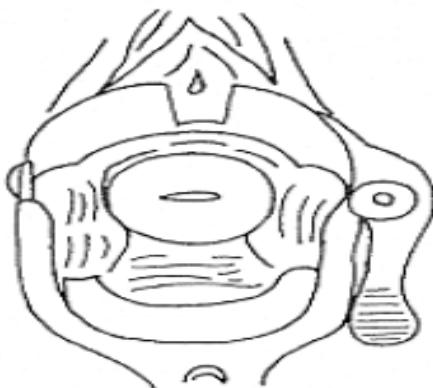
1 2 3 4 5

Circumcised Yes No



Internal Exam: **Anal Exam:**

DO NOT PLACE A SPECULUM in a prepubescent female child. Use sterile, non-bacteriostatic water only for lubrication of speculum when speculum insertion is appropriate. Note injuries on diagram.





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Photographs:

Photographic documentation of injury and/or other visible evidence can be utilized to supplement the medical forensic history and written documentation. Consider the extent of forensic photography necessary. Be considerate of patient comfort and privacy. Take photographs according to hospital policy. Photographs taken by examiners should be considered as part of the patient's medical record and not automatically turned over to law enforcement.

Photographs may be taken with the written consent of patient's 13 years of age or older. If under the age of 13, the patient's parent or guardian may provide consent. If the parent or guardian is not immediately available or refuses to consent, photographs may be taken and stored for release at a later time with consent of the investigating law enforcement officer or the Department of Children and Family Services.

Any Additional Comments/Findings: (should not reflect any conclusions regarding whether a crime occurred)

Documentation:

If the patient is less than 18 years of age, was DCFS notified, if appropriate?	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
If the patient is 60 years of age or older, was the Department of Aging notified, if appropriate?	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
If the patient is between the ages of 18-59, has a disability, and is unable to self-report, was the Department of Aging notified?	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Were police notified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was "Patient Consent: Collect and Test or Collect and Hold Evidence" form completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was "Consent to Toxicology" form completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A

Signatures:

(Examining Health Professional Signature)	(Assisting Examining Health Professional Signature)
(please print)	(please print)

Final Instructions:

1. All information requested on sample envelopes and bag labels are completed.
 2. Separate forms and follow distribution requirements on the bottom of each form.
 3. If large clothing bags and urine are collected: seal, label, and package separately from the kit. Complete *Toxicology Consent* form. **DO NOT PACKAGE URINE INSIDE OF KIT.**
 4. Return all evidence envelopes/small bags to the kit box, with the exception of large clothing bags and urine sample.
 5. Secure red evidence tape to box and initial.
 6. Fill out information, as appropriate, on top of box.
 7. Hand the sealed kit, sealed bags, and sealed urine sample to appropriate law enforcement agency.
- NOTE: If law enforcement is not present: place sealed kit, sealed bags, and sealed urine sample at room temperature in a secure area, maintaining chain of custody until law enforcement can collect the evidence.